

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)							SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">913360</div>	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•		•		•	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3	1						53						
4							54						
5							55						
6							56						
7		2					57						
8	1						58						
9		1					59						
10	1						60						
11							61						
12							62						
13							63						
14		2					64						
15							65						
16							66						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4						TOTAL IND.						
TOTAL DEP.	12						TOTAL DEP.						
TOTAL CLAIMS	16						TOTAL CLAIMS						